

CRITICAL ILLNESS PROTECTION PLAN

Application



Title (Mr / Mrs / Ms / Miss / Other)		
Surname		
Forename		
Address		
.....		
.....		
.....		
Post Code		
Telephone (residence) (incl.STD code)		
Mobile Number		
For your information please see Data Protection Notice overleaf		
Date of Birth (dd/mm/yyyy)/...../.....		
(You must be between the ages of 18 and 64)		
<input type="checkbox"/> Male <input type="checkbox"/> Female (please tick)		
Marital Status		
Do you already hold any existing or pending life insurance, critical illness, or disability policies with LIC or any other company?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give details and state policy number(s)		
(1).....(2).....(3).....(4).....		
PLAN DETAILS		
Please Tick	<input type="checkbox"/> Level Term	<input type="checkbox"/> Decreasing Term
Contribution and frequency	Monthly £ (min £15) (min guaranteed cash amount £6000)	Yearly £ (min £180)
 years (min 5 years and max age at expiry 75)	

LICIUK, Authorized and regulated by Financial Services Authority (FSA) for protection, pensions, savings and investment products. LICI UK is a trading name of the Life Insurance Corporation of India which is registered in England and Wales, Company No FC005008.

| visit us at www.liciuk.com | Office: York House, 10th floor, Empire way, Wembley, Middlesex, HA9 OPX | ☎ 8000 685 712

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Note1: Please complete the following questions in full and provide any further details in the supplementary questionnaire.

Note2: See overleaf for our policy on genetics.

1	What is your usual occupation?
2	What percentage of your time do you spend on manual activity?
3	What industry do you work in?
4	Do you take part in any hazardous activities to do with your job (such as working at heights or underground, handling explosives)?
5.1	In the last 5 years have you:	
a)	travelled or lived outside of Europe other than on holiday or	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	undergone surgery or had any blood transfusion outside of the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	Apart from holidays, do you intend to travel, work abroad or reside outside of the UK?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Are you receiving or waiting to receive any form of medical advice or treatment including tablets, diet, medicines, inhalers or injections, whether prescribed or not, for any medical or psychiatric condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Do you suffer from or have you ever suffered from any of the following:	
a)	Heart attack, stroke or transient ischaemic attacks, angina, chest pain, heart murmur, rheumatic fever, or other heart abnormality, disease or impairment of the arteries or veins, raised cholesterol, or high blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No
b)	Diabetes, or any disease or impairment of the stomach, bowel, bladder, kidneys pancreas, or liver?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c)	Arthritis, gout or any form of spinal problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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d)	Any form of nervous or mental disorder, or have you required tranquillisers or antidepressants?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e)	Cancer, any other tumour, lump or growth?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f)	Asthma, bronchitis, emphysema, or any other disorder affecting the lungs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g)	Multiple sclerosis, motor neurone disease, paralysis, numbness, or tingling, visual disturbance, Parkinson's disease, epilepsy, fits, any disorder of the brain, any condition affecting the nervous system or any hereditary disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h)	Any disease or disorder of the ears or eyes (that is not corrected by lens)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i)	Any illness lasting or requiring treatment for 28 days or more, excluding any details already given above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j)	During the last 5 years have you undergone or been recommended to undergo hospitalization, an operation, X ray, blood test or any other investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Have any of your parents, brothers or sisters, died from or suffered from, before the age of 65 years, heart disease, stroke, high blood pressure, diabetes, kidney disease, cancer, multiple sclerosis, paralysis, or any hereditary disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please advise which condition and give their age when they first suffered from the condition.			
9	Have you smoked tobacco in the last 12 months? If yes, please advise type and average daily consumption. Cigarettes Cigars..... Pipe	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Do you drink alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please advise your average weekly consumption in units of alcohol. (One unit = one standard glass of wine, one measure of spirits, or half a pint of beer)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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	Average weekly consumption Units	
11	Have you tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested or treated for other sexually transmitted diseases or are you awaiting the results of such a test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12	Do you belong to, or have you ever belonged to, or been a sexual partner of, any of the following currently recognised AIDS high risk groups: homosexual, bisexual, intravenous drug user, haemophiliac or recipient of blood or blood products outside of the UK or a sexual partner of anyone who is or has been HIV positive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If you have answered yes to questions 11 and/or 12, for confidentiality, details may be submitted in a sealed envelope addressed to the Chief Medical Officer, LIC, 10th Floor, York House, Empire Way, Wembley, HA9 0PX and attached to this application.	
13	Has any application for life insurance, critical illness or health insurance on your life ever been declined, postponed or accepted at an increased premium or on special terms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14	Do you ,or have you, any intention of participating in private aviation or in any hazardous sports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes to the above, please provide further details	
15	Please state your height and your weight Height Weight

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Please give details of the doctor who holds your medical records

Name/Dr.

Address
.....

Postcode.....

Telephone number
.....

SUPPLEMENTARY QUESTIONNAIRE

If you have answered yes to any of the above questions please give further details by completing the form below. If there is insufficient room please use a blank sheet of paper for any further details, ensuring that you also add your full name and address.

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Name of condition

Date of first symptoms

Description of symptoms

Is the condition or symptoms ongoing?

What medication are you taking, if any?

What investigations have been carried out and what were the results?

DECLARATION AND CONSENT

IMPORTANT

Before signing the declaration please ensure that you have read and understood your rights regarding access to your medical records as explained overleaf and note that failure to disclose all material facts may influence the assessment and acceptance of your application or constitute grounds for the rejection of a claim. If in doubt, the facts should be disclosed.

I hereby apply to LIC for the above contract on my life and declare that all answers given are, to the best of my knowledge and belief, true and complete, and that I have not withheld any material information that may influence the assessment or acceptance of this application. I understand that failure to do so may invalidate any future claim.

I agree that all statements made by me in connection with this application shall form the basis of the contract between myself and LIC.

I agree to inform LIC immediately if there is any change in my health or personal circumstances before commencement of the contract.

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I consent to LIC seeking medical information from any doctor who has at any time attended me concerning anything which affects my physical or mental health, or seeking medical information from any insurance company to which an application has been made on my life and I authorise the giving of such information.

I have been informed of my statutory rights under The Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, as explained overleaf, and I agree that a copy of this consent shall have the same validity as the original.

I do not* wish to see the medical report before it is sent to LIC

* If you wish to see your medical report before it is sent to LIC please delete the word ' not'

SIGNATURE
.....
Date

A copy of the policy conditions and/or application form is available on request

Access to Medical Reports Act 1988, Access to Personal Files and Medical Reports (Northern Ireland) Order 1991

RIGHTS AND PROCEDURES

We need your consent before we can approach any doctor for a medical report about you. This is given by signing the declaration. Before you sign, you should read this section carefully. It details your rights under the Act. You do not have to give your consent. If you do not give your consent we may be unable to proceed with your application.

You can request to see the report before it is sent to us. We will inform the doctor that you want to see the report before it is sent to us and confirm your request to you in writing. You will then have 21 days to arrange with the doctor to see the report.

If you haven't arranged to see the report within this period the doctor will send it to us. The doctor may charge you a reasonable fee if you ask to see a copy of the report. If you indicate that you don't want to see the report, we don't have to tell you if we apply for one. You can, however, ask to see a copy of the report within 6 months of it being sent to us.

If you have seen the report before it is sent to us, the doctor will require your written consent to send it to us. You have the right to ask the doctor to change anything that you consider to be incorrect or misleading. The doctor can however refuse to make any alterations. If the doctor refuses to change the report you may attach a note giving your views.

The doctor can refuse to let you see all or part of the report if, in their opinion, it is likely to :

- Adversely affect your physical or mental health or that of others
- Indicate the doctor's intentions to you
- Reveal the identity of a third party who has given information about you unless they have consented to it's disclosure or it has been supplied by a health professional involved in caring for you.

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In such cases the doctor must notify you. You will only be able to see the remaining part of the report. If the whole report is affected the doctor will advise you and not send it to us without your written consent. If you refuse to give your consent we may be unable to proceed with your application.

STATEMENT ON GENETICS

In accordance with the Association of British Insurer's (ABI) policy on genetics and insurance, you do not need to tell us about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have for this type of insurance, totals to £500,000 or less.

Above this limit you may need to tell us about certain genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use.

If you think this may apply to you, please ask us for details of the current position. These details are also available from the ABI website at www.abi.org.uk/consumer2/disclosure.htm. However you must tell us if you either have a family history of, are experiencing symptoms of, or are having treatment for a medical condition including any genetically inherited condition.

If you wish to disclose to us a negative genetic test result, which shows that you have not inherited a genetic disorder, we will take this into account in setting your premium, providing your clinical geneticist confirms that the test result indicates a reduced risk of developing the inherited disease.

DATA PROTECTION NOTICE

The Life Insurance Corporation of India may use the information supplied on this form, or during any future communication, for the purpose of administering your policy, or holding, for research and analysis purposes and as part of our ongoing commitment to customer service. We may also contact you about further products or services that we think may be of interest to you. We may contact you by telephone, post, or electronic methods.

Any information you provide will be kept confidential and will only be disclosed if required for regulatory or legal purposes, or where you have given your consent, or to carefully selected third parties under contract to safeguard your confidentiality.

You can ask for a copy of the information we hold about you by writing to the Data Protection Officer, LIC, 10th Floor, York House, Empire Way, Wembley, Middlesex HA9 0PX subject to a fee.

If you would prefer not to receive information about our products and services, please tick here

We would like to make you aware that calls may be recorded and monitored.

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The Life Insurance Corporation of India is authorised and regulated by the Financial Services Authority.

We only provide information and advice on the Protection, Pension, Savings and Investment products and services from our own range.